

1030
3/19/94

POSITION	ID NO.	DATE
CLASSIFIER	21	3/22/94
EXAMINER	209	3/25/94
TYPIST	735335094	
VERIFIER	309	4-19-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	5-22-94
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7	5-22-94
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BEST AVAILABLE COPY

SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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